

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2012	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaint IN00102531.</p> <p>Complaint IN00102531 Substantiated. Federal/state deficiencies related to the allegation are cited at F282 and F323.</p> <p>Survey dates: January 30 and 31, 2012</p> <p>Facility number: 000044 Provider number: 155106 AIM number: 100274940</p> <p>Survey team: Michelle Hosteter RN TC Rita Mullen RN</p> <p>Census bed type: SNF/NF: 141 Total: 141</p> <p>Census payor type: Medicare: 13 Medicaid: 109 Other: 19 Total: 141</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The Creation and submission of this Plan of Correction does not constitute an admission by this Provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This Provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of post survey visit on or after 2-15-12</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed 2/4/12 by Jennie Bartelt, RN.						

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F0282 SS=D	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow the fall care plan for 1 of 1 resident reviewed for falls in a sample of 3. [Resident B]</p> <p>Findings include:</p> <p>During interview on initial tour on 1/30/12 at 9:35 A.M., LPN #1 indicated Resident B was a high fall risk, had a hi-low bed, had wheel chair and bed alarms, had a fall last month resulting in an emergency room visit, and he had brain tumors and shunts. She also indicated the resident had a history of attempting to get up without assistance.</p> <p>Record review for Resident B was completed on 1/30/12 at 10:15 A.M. The resident's diagnoses included, but were not limited to, high blood pressure, dementia, CVA (stroke), seizures, and hydrocephalus.</p> <p>A care plan for Resident B indicated on 10/12/11 the following interventions were in place: "... Provide assistance for transfers with staff assistance of 2 bed mobility and use of gait belt...."</p> <p>Progress notes indicated the resident had</p>		F0282	<p>F282 - It is the consistent practice of this Provider to ensure the services provided or arranged is provided by a qualified person in accordance with each residents written plan of care.I. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice.Resident B - this Provider was not provided with a resident identifier listII. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken.Residents in need of assistance of 1 staff or more have the potential to be affected by the same alleged practice.Resident individual needs are assessed at admission, change of condition and on a quarterly basis. Resident needs are updated on resident specific careplans and resident need sheets for communication to staff for knowledge and direction in providing quality care to each resident specific to their needs.Careplans and resident need sheets are updated daily if needed based on any resident change. Non-compliance with facility policy and/or procedures may result in employee</p>		02/15/2012	

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	<p>falls on the following dates:</p> <p>12/20/11 at 5:01 P.M. "...Nurse aide was assisting resident to use the toilet in the shower room. Nurse aide turned to get a walker, resident tried to transfer self from w/c to toilet, and fell on the floor. This writer found resident sitting on the floor next to the sink. Resident stated, 'I tried to sit on the toilet and fell.' Neuro checks WNL (within normal limits) can MAE (move all extremities) without difficulty. Denies having pain. Resident has an abrasion (cut) to left shoulder, no active bleeding noted. MD and family notified..."</p> <p>1/7/12 at 4:45 P.M. This writer heard a crashing noise and upon investigation found res (resident) on floor in between walker with his right hip on top of the walker and the left side of the walker over him. Res upper back was lying against the tub and his head was lying against the grab bar. NP (nurse practitioner) was here to assess and after doing a neuro assessment and ROM (range of motion) on hips determined res to be ok but to definitely (sic) monitor for s/s (signs and symptoms) LOC (level of consciousness) changes. 15 min (minute) checks put into place..."</p> <p>A CNA (Certified Nurse Aide)</p>			<p>re-education and/or disciplinary action up to including termination - which was the corrective action taken with the identified employee who failed to follow this Providers working system in place.III. What measures will be put into place or what systematic changes will be made to ensure that the alleged deficient practice does not recur?Resident change of condition are reviewed daily my nursing management. Care plans and resident needs sheets are updated based on resident change that may impact direct care. Nursing staff are provided each shift with a current resident needs sheet providing them direction and required care of residents.Charge nurses conducts rounds each shift to ensure resident needs sheets are used and followed by staff.Nursing staff were re-inserviced regarding care plans, resident needs sheets, falls and fall prevention on 2/7/12IV. How will the corrective action be monitored to ensure the alleged deficient practice will not recur - what quality assurance program will be put into place?A "resident care" Cqi tool will be utilized daily weekly x 4 and quarterly x 2 thereafter to monitor compliance with necessary care and services. The governing CQI committee will review the data - if threshold of 90% compliance is not met, an action plan will be developed.The Director of</p>			

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	<p>assignment sheet dated 1/4/12 found in the fall investigation file which was reviewed on 1/30/12 at 1:45 P.M. indicated Resident B was to be a 1 person assist.</p> <p>In an interview with the DoN (Director of Nursing) on 1/31/12 at 2:20 P.M., she indicated if a resident is indicated to be a two person assist, it is a given that the resident is not to be alone in bathroom and was left alone by CNA. She also indicated in training as a CNA they are told to leave a resident alone only if the resident is assessed to be able to be left alone.</p> <p>In an interview with the Administrator on 1/31/12 at 2:25 P.M., he indicated the CNA did not follow the care plan and the facility met with CNA and disciplined her.</p> <p>3.1-35(g)(2)</p>				Nursing Services is responsible to monitor for facility compliance in providing necessary care and services to the residents.		

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F0323 SS=D	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to provide supervision in the restroom for a resident at risk for falls for 1 of 1 resident reviewed for falls in a sample of 3. [Resident B]</p> <p>Findings include:</p> <p>The initial tour was completed on 1/30/12 at 9:35 A.M. During interview on the tour, LPN #1 indicated Resident B was a high fall risk, had a hi-low bed, had wheel chair and bed alarms, had a fall in the last month and was sent to the emergency room, and that he had brain tumors and shunts. She also indicated the resident had a history of attempting to get up without assistance.</p> <p>Record review for Resident B was completed on 1/30/12 at 10:15 A.M. The resident's diagnoses included, but were not limited to, history of falls, high blood pressure, dementia, CVA (stroke), seizures, and hydrocephalus.</p> <p>A care plan for falls for Resident B indicated on 10/12/11 the following interventions were in place: "... Provide assistance for transfers with staff</p>		F0323	<p>F323 - It is the consistent practice of this Provider to to ensure that the resident environment remains as free of accident hazards as is possible; and each resident recieves adequate supervision and assistance devices to prevent accidents.I. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?Resident B - the Provider was not provided with a resident identifier list.II. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Residents in need of assistance of 1 staff or more have the potential to be affected by the same alleged practice.Resident individual needs are assessed at admission, change of condition and on a quarterly basis. Resident needs are updated based on resident specific careplans and resident need sheets for communication to staff for knowledge and direction in providing quality care to each resident - specific to their needs.Care plans and resident needs sheets are updated daily if needed based on current needs of each resident and any resident</p>		02/21/2012	

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	<p>assistance of 2 bed mobility and use of gait belt...."</p> <p>An MDS (Minimum Data Set) assessment, dated 10/25/11, indicated Resident B was moderately cognitively impaired.</p> <p>Progress notes indicated the resident had falls on the following dates:</p> <p>12/20/11 at 5:01 P.M. "...Nurse aide was assisting resident to use the toilet in the shower room. Nurse aide turned to get a walker, resident tried to transfer self from w/c to toilet, and fell on the floor. This writer found resident sitting on the floor next to the sink. Resident stated, 'I tried to sit on the toilet and fell.' Neuro checks WNL (within normal limits) can MAE (move all extremities) without difficulty. Denies having pain. Resident has an abrasion (cut) to left shoulder, no active bleeding noted. MD and family notified...."</p> <p>1/7/12 at 4:45 P.M. This writer heard a crashing noise and upon investigation found res (resident) on floor in between walker with his right hip on top of the walker and the left side of the walker over him. Res upper back was lying against the tub and his head was lying against the grab bar. NP (nurse practitioner) was here</p>				<p>change of condition. Non compliance with facility policy and/or procedures may result in employee re-education and/or disciplinary action up to including termination - which was the corrective action taken with the identified employee who failed to follow this Providers working system in place.III. What measures will be put into place or what systematic changes will be made to ensure that the alleged deficient practice does not recur? Resident change of conditions are reviewed daily by nursing management. Care plans and resident needs sheets are updated based on resident change that may impact direct care. Nursing staff are provided each shift with a current resident needs sheet providing them direction and required care of residents. Charge nurses conduct rounds daily to ensure resident needs sheet is used and followed by staff. Nursing staff were re-inserviced by the DNS regarding care plans, resident needs sheets, falls and fall prevention on 2/07/12.IV. How will the corrective action be monitored to ensure the alleged deficient practice will not recur - what quality assurance program will put into place?A "resident care" CQI tool will be utilized weekly x 4 and quarterly x 2 thereafter to monitor compliance with necessary care and services. The governing CQI</p>		

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	<p>to assess and after doing a neuro assessment and ROM (range of motion) on hips determined res to be ok but to definitely (sic) monitor for s/s (signs and symptoms) LOC (level of consciousness) changes. 15 min (minute) checks put into place...."</p> <p>A CNA (Certified Nurse Aide) assignment sheet, dated 1/4/12, was found in the fall investigation file for Resident B, which was reviewed on 1/30/12 at 1:45 P.M. The document had hand written information that indicated Resident B was to be a 1 person assist and that resident was a fall risk.</p> <p>In a written statement by CNA#2, dated 1/13/12, indicated, "...On Sat 7th around 5 P.M. I took Resident B to the restroom, sat him on the toilet and gave him the call light and told him to stay there and pull the string when he was finished. He said yes, okay. I then went to finish taking care of another resident when LPN #3 said she heard a loud crash that's when she found Resident B on the floor. I was unaware that Resident B was not to be put on the toilet and left alone. I was only told that he was a 2 assist at all times. Resident B has been known to always pull the string when he needs help prior to this incident...."</p>				<p>committee will review data - if the threshold 90% compliance is not met, an action plan will be developed. The Director of Nursing Services is responsible to monitor for facility compliance in providing necessary care and services to the residents.</p>		

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	<p>In an interview with the DoN (Director of Nursing) on 1/31/12 at 2:20 P.M., she indicated if a resident is indicated to be a two person assist, it is a given that the resident is not to be alone in bathroom and was left alone by CNA #2. She also indicated in training as a CNA they are told to leave a resident alone only if the resident is assessed to be able to be left alone.</p> <p>In an interview the DoN and Administrator further indicated on 1/31/12 at 2:50 P.M., that Resident B was cognitively intact some days and not on others. They indicated some days the resident could help when daily care was given and others was not able to. They indicated the nurse discusses this with the CNA where Resident B is at for that day and how he is doing and this is what the CNA is to follow in terms of what assistance to give.</p> <p>3.1-45(a)(2)</p>						